

Department of Medical Assistance Services

Division of Long-Term Care

VIRGINIA GOLD



Second Year and Final Report of *Virginia Gold* Program

September 1, 2010 through August 31, 2011

Amy K. Burkett, Program Coordinator

Executive Summary

In 2007, the Virginia General Assembly passed House Bill 2290 that directed the Department of Medical Assistance Services (DMAS) to establish a nursing facility quality improvement program. In response, DMAS implemented a two-year grant pilot known as the *Virginia Gold* Quality Improvement Program on September 1, 2009. The overall goal of the pilot was to improve and expand the quality of care provided to nursing facility residents in Virginia by providing facilities with funding to develop supportive work environments for certified nursing assistants (CNAs). To implement *Virginia Gold*, five nursing facilities were awarded civil money penalty funds through a competitive grant process. The facilities used the funds to finance activities that were designed to improve work environments and quality of care. Examples of these activities included new staff orientation, peer mentoring, rewards and recognition, worker empowerment, and in-service training. *Virginia Gold* ended on August 31, 2011.

This report is the second (and final) in a series of annual reports that review the quality improvement activities implemented by each of the pilot facilities during *Virginia Gold*. The information contained in this report indicates that the nursing facilities successfully implemented the activities described in their grant applications.

At the end of the two year period, four of the five NF grantees saw improvements in the CNA retention in their facilities. Some of the activities offered during the pilot addressed staff morale and staff confidence, the work environment for staff and the living environment for residents, and created sustainability for the projects that were worthwhile.

Overall, the program results suggest that *Virginia Gold* achieved its intended goal of improving quality of care by developing supportive work environments for CNAs. The results also suggest that *Virginia Gold* may be an effective model for improving working conditions and quality of care in nursing facilities. It was observed that meaningful change and specific initiatives can occur in nursing facilities through relatively simple, cost-effective strategies.

BACKGROUND

A national movement is taking place around person-centered care and best practices. Person-centered core values are choice, dignity, respect, self-determination and purposeful living. Voices of older adults and their caregivers are considered and respected.

This vision translated into the future of care in the nation's nursing facilities is titled "culture change" and refers to care that is life-affirming, satisfying, humane, and meaningful. For this vision to take place, changes in systems require change in national and state regulations, policy and procedures; change in attitudes toward aging and elders; change in attitudes and behaviors of caregivers toward those for whom they care; and change in attitudes among elders toward themselves and their own aging process.

Culture change transformation may require changes in organizational practices, physical environments, relationships, and workforce models, which will lead to better outcomes for consumers and direct care workers without increasing costs to providers. Culture change has the prospect of assisting with staff recruitment and increasing staff retention.

In 2007, the Virginia General Assembly passed House Bill 2290 that required the Department of Medical Assistance Services (DMAS) to establish a nursing facility quality improvement program. As a result, a diverse group of stakeholders, which included advocates, nursing facility representatives, state agency representatives, and advocates were brought together to form the Quality Improvement Program (QIP) Advisory Committee. The QIP Advisory Committee, which convened for six meetings during 2007 and 2008, was tasked with designing a quality improvement program to enhance the quality of care in the Commonwealth's nursing facilities using civil money penalty funds. Recommendations from the committee were presented in a report to the Joint Commission on Healthcare in October 2007. The initiative known as *Virginia Gold* is the product of the recommendations made by the QIP Advisory Committee.

Virginia Gold was designed to award funding of up to \$50,000 per year, for up to two years, to nursing facilities in order to improve recruitment and retention of CNAs (certified nursing assistants) through a competitive application and selection process in which applicants submitted a formal request for consideration for the grant. Funding was based on proposals submitted by the nursing facilities that incorporated the following criteria:

- Active involvement of all levels of staff - administrators, nurses, supervisors, CNAs, and others;
- Integration of a proposed plan into any quality improvement efforts underway in the facility;
- Propose changes that are systemic and sustainable in the facility;
- Use of best practice methods in designing and implementing quality improvement;
- Involve consumers, their families, and community;
- Demonstrate the level of need for quality improvement in the area of staff retention and reduction of turnover; and
- Identify goals, measures and benchmarks to define success of the plan.

In the Fall of 2009, after a selection committee, separate from the QIP Advisory Committee, reviewed 28 applications, five Virginia licensed and certified Medicaid nursing facilities were selected to participate in *Virginia Gold* in the creation or enhancement of a supportive workplace with the goal of reducing turnover and increasing retention of CNAs employed by nursing facilities.

The selection committee was comprised of eight members representing the Long Term Care State Ombudsman Office, Virginia Health Care Association, a continuing care facility, and DMAS. The selection committee followed specific evaluation criteria, including sustainability of the program after the funds were expended, and chose five nursing facilities as follows:

- Trinity Mission Health and Rehabilitation Center of Charlottesville,
- Autumn Care of Portsmouth,
- Birmingham Green/Northern Virginia Health Center Commission,
- Dogwood Village of Orange County, and
- Francis Marion Manor/Mountain States Health Alliance.

These grantees identified strategies and approaches that addressed concepts such as:

- orientation,
- peer mentoring,
- coaching supervision,
- rewards and recognition, and
- training of staff.

The Virginia Health Quality Center (VHQC), a healthcare consulting firm that serves as the federally designated Quality Improvement Organization for Virginia, was chosen to provide technical assistance to the grantees. VHQC supports the *Virginia Gold* project by assisting grantees in activities such as the development of program improvement plans, consultation related to cultural change concepts (i.e.: consistent assignment, the identification of culture change resources, leadership development training), and CNA career development techniques. VHQC provided assistance through conference calls, on-site visits, and individual or group training sessions. The services were tailored to meet each facility's needs.

The DMAS Division of Long-Term Care (LTC) worked in collaboration with the DMAS Division of Policy and Research in an evaluation of the *Virginia Gold* program. The formal evaluation process included focus groups conducted at each facility which were comprised of CNA staff and nursing facility residents. The findings from the first year of the program were represented in a separate evaluation report prepared by the DMAS Division of Policy and Research staff. Both of these reports are available on the DMAS web site at www.dmas.virginia.gov, LTC and Waivers link, then *Virginia Gold* link.

The DMAS LTC Division staff were responsible for administering the *Virginia Gold* project, to include contract monitoring of the five grantees and VHQC staff, program coordination, facilitation of monthly conference calls with grantees, review of quarterly progress and budget reports from the grantees, and providing technical assistance, as needed, to the grantees.

PROGRAM OUTCOMES

The overarching goal of the *Virginia Gold* program was to increase the quality of care received by nursing facility residents. In order to accomplish this, the nursing facilities worked to reduce CNA turnover rates by employing many different strategies. To assess outcomes, staff examined turnover rates at three time points (baseline, interim, and final) during the program.

The CNA turnover rates were examined individually and collectively among the five participating grantees. Turnover rates were calculated by dividing the total number of CNA terminations during a 12 month period by the average number of CNAs employed on the first day of each month. The rate was then multiplied by 100 to get the percentage.

The grant proposals submitted in the Spring of 2009 reported each nursing facility’s (NFs) CNA turnover rate based on data from January 2008 through December 2008; however, to measure program effectiveness, DMAS used grantee CNA turnover rate data based on calculations for the 12 months preceding the implementation of the program (baseline) compared to the first 12 months of the program (interim) and last 12 months of the program (final). The time period for the baseline measurement was September 2008 through August 2009. The interim comparison data was captured from September 2009 through August 2010 and the final comparison data was captured from September 2010 through August 2011. Changes from baseline to final ranged in improvement of up to 17% points. Additionally, four of the five facilities surpassed their original goal.

It is important to note that the initial grant amount available to each of the five grantees through the *Virginia Gold* program was up to \$50,000 per year for 2 years, for a total of \$250,000. However, the total amount awarded to the grantees in the first year was \$234,000, of which only \$136,000 was spent in the first year. A total of \$165,000 was allocated in the second year in which only 132,000 was utilized. The total funds used for this two year program was \$268,000. These figures indicate that initiatives focusing on CNA staff retention can be implemented with a small financial investment.

CNA Turnover Rates				
Facility	Goal	Baseline *	Interim (08/2010)	Final (08/2011)
Autumn Care	48%	75%	54%	31%
Birmingham Green	59%	78%	58%	81%
Dogwood Village	50%	63%	54%	50%
Frances Marion Manor	55%	65%	44%	42%
Trinity Mission	40%	54%	49%	33%

*Based on calendar year 2008 data

PROGRAM DESCRIPTIONS AND PROGRESS

This section of the report describes each of the five grantees' culture change strategies taken to address CNA staff turnover. Although there are other strategies that are not described in this section, an effort was made to highlight strategies that made an impact on staff and that provided sustainability for continued success in the future.

CNA turnover data taken from the grant proposals differs from the baseline rate used by DMAS to measure effectiveness. The award criteria for *Virginia Gold* included building upon existing quality initiatives which indicates that the grantees were already implementing culture change strategies prior to the formal start of the *Virginia Gold* grant program. As a result, some facilities experienced a decline in CNA turnover prior to the official start date of the *Virginia Gold* program and are reported under each facility in this section of the report.

AUTUMN CARE OF PORTSMOUTH

Autumn Care of Portsmouth is a for-profit facility with 108 beds and 75% of residents are Medicaid individuals. At the time of their initial proposal, the facility had 46 certified nursing assistants (CNAs) out of 125 staff and an annual CNA turnover rate of 75% based on 2008 calendar year data. Autumn Care's goal was to reduce the CNA turnover rate to 48%. By the end of the first year of the pilot, the facility had reduced the turnover rate to 54%. By the end of the second year of the pilot, the facility had far exceeded its initial goal and reduced turnover to 31%.

PROGRAM STRATEGIES:

Medical Benefit Program – The NF partnered with a local community health center to provide physician office visits and medications for employees at a discounted cost. A total of 25 CNA staff utilized the benefits over the course of the grant. Plans are for the facility to continue to fund this program through the next year and then reassess on an annual basis. This is an example of a sustainable and beneficial program for CNA staff who might not otherwise have medical insurance.

Employee Assistance Program (EAP) - The EAP offers counseling for employees in areas not limited to domestic abuse, alcohol and drug dependencies, mental health, grief, legal, financial, housing, child care, work place, and career planning. The EAP Project Coordinator conducted in-service training sessions monthly to explain the services and to generate interest and increased utilization of the services. Some of the in-service topics included team building, positive thinking, conflict resolution, time management, and communication. The facility also extended EAP benefits to CNA family members in an effort to increase utilization. Plans are to continue this program well into the future.

Peer Mentoring Program – A peer mentoring program was initiated for newly hired CNA staff to encourage retention. CNA peer mentors were paired with newly hired CNAs for initial orientation and training. During the first year of the grant, 18 new CNA employees participated in the peer mentoring program, and 16 have remained employed.

Employee Reward and Recognition Activities – The facility provided recognition programs to reward staff. The NF held monthly staff appreciation days to recognize CNA staff efforts. “On the Spot” recognition continued in this year which recognizes when CNAs are observed doing something special or beyond expectations for residents or other staff. An annual luncheon banquet for CNA Week, a staff massage day, ice cream socials and other events were held to boost morale and to acknowledge employees and their valuable work. The facility administrator stated that *Virginia Gold* helped her staff focus on creating a relaxed and happy work environment. She indicated that the most beneficial changes or initiatives had a low cost, if any, to initiate and sustain. The more successful approaches will be continued in the facility even after the grant funding period has expired, which includes the employee recognition activities.

Enhanced Staff Training and Development – The CNA self evaluation opportunity and the round table hiring (which includes CNA staff) has been an effective tool in improving the evaluation process through staff input in hiring decisions. As a result, these two processes have empowered CNA staff and will continue after the end of the grant year. The facility implemented in-service and staff training at all levels to address problem solving, critical thinking, how to understand different personalities, enhancing skills learned, and developing better working relationships. Training sessions occur on a monthly basis and builds on the skills taught during the previous months.

BIRMINGHAM GREEN - NORTHERN VA HEALTH CENTER **COMMISSION**

Birmingham Green (also known as Northern Virginia Health Center Commission) located in Manassas, is a nonprofit facility with 180 beds and 90% of residents are Medicaid individuals. At the time of their initial proposal, CNA staff represented 67 out of 309 total facility staff and a CNA turnover rate of 78%, based on 2008 calendar year data. The facility goal was to reduce the CNA turnover to 59%. By the end of the first year of the pilot, the facility had reduced the turnover rate to 58%. By the end of the second year of the pilot, the facility had not met its initial goal and actually increased CNA turnover to 81%. This increase was primarily impacted by an unusually high number of terminations in the first quarter of year two of the program. Some of these CNA terminations were due to a change in the policy on scheduling.

PROGRAM STRATEGIES:

Enhanced Training – This facility decided to augment and enhance its existing CNA training program to build upon and increase CNA proficiency skills. A CNA training manual was developed by staff to provide consistency in training. Training aides such as teaching stethoscopes, videos, books, wound care models and catheterization models were used to provide visual and hands-on training opportunities. Computers were installed and have proven to be a useful resource tool for CNA staff for on-line learning. Nursing supervisors and managers also benefited from training sessions on topics such as communication, leadership skills, safety, and time management. This ultimately benefitted CNA staff as managers and supervisors became more aware and sensitive to the needs of the CNA staff.

Preceptor Program – The preceptor program team provided support to newly hired CNAs through mentorship and hands-on training. The facility had 20 CNA staff who served as preceptors. A pilot program was initiated for consistent assignment (same CNA per shift with the same resident). Since this pilot was successful on one unit, consistent assignment was implemented on all units in November 2011. A “CNA Preceptor of the Year” was awarded each December.

Cultural Diversity Training – This facility is unique in that staff and residents speak 32 different languages and have a variety of cultural experiences and backgrounds. To foster communication and team building the facility hosted a series of cultural diversity and sensitivity trainings. An “Inclusion Committee” was initiated and sponsored activities to foster communication and appreciation for the diversity within the facility. One activity was to develop an employee cookbook with recipes from staff. Employees have become more aware of cultural differences and how their actions may impact others based on those differences.

The diversity training sessions included addressing gender, differences of thought, and sexual orientation. A diversity tool kit was used in staff educational sessions to address various types of diversity issues. The result of these activities has been an improvement in communication with less conflict and more sensitivity toward staff differences.

Employee Wellness Program – This program promotes wellness, stress management, smoking cessation, nutrition, exercise, and healthier living activities for staff. The facility implemented a smoking cessation program titled “Freedom from Nicotine”, a 6-week program (one day per week) that was conducted by trained counselors, at no cost to employees. A total of 32 employees participated in the program and about half successfully quit smoking. Several “Lunch ‘n Learn” sessions were provided to CNA staff; a chiropractor conducted one beneficial session on back health which was educational, especially for CNA staff.

An incentive program to encourage staff to regularly exercise was implemented. The idea was to offer a one-time individual wellness incentive reimbursement for each CNA employee (maximum \$100) toward a health related or exercise program, smoking cessation medications, exercise equipment or toward a health club membership. The program continued through June 30, 2011. A total of 65 CNA staff (funded by *Virginia Gold*) participated in the program and 81 other facility employees participated as well (not funded by *Virginia Gold*). This incentive program was widely embraced by staff to develop and continue with a healthier lifestyle. The facility also held a staff weight loss challenge called “The Biggest Loser” for an 8 week period. The staff member who lost the most weight won a cash prize.

Staff Awards and Recognition – One of the facility’s main goals was to establish an effective awards and recognition system for CNA staff. To accomplish this goal, the facility implemented a “years of service” award program. These awards were presented monthly to staff who have completed a year or more of service with the facility. A CNA Retreat was held across two separate days so that all 51 CNAs were able to participate. The retreat included educational, social and team bonding opportunities and will become a yearly event. CNAs felt empowered because they had input in the planning of the retreat, including content, presenters, schedule and other activities.

DOGWOOD VILLAGE OF ORANGE COUNTY

Dogwood Village of Orange County is a nonprofit facility with 164 beds and 54% of residents are Medicaid individuals. At the time of the initial proposal, CNA staff represented 83 out of 235 staff and the facility had a 63% CNA turnover rate. The facility proposed to reduce the CNA turnover rate to 50%. By the end of the first year of the pilot, the facility had reduced the turnover rate to 54%. By the end of the second year of the pilot, the facility had met its initial goal and reduced CNA turnover to 50%. Overall, the facility maintained the same number of CNA staff as before the *Virginia Gold* program.

PROGRAM STRATEGIES:

CNA Staff Empowerment – As part of a staff empowerment *Virginia Gold* goal, CNA staff had the opportunity to participate in decision making about the remodeling for each of the unit resident shower rooms. Since CNAs are the staff who regularly bathe those residents in need of assistance, their feedback was a vital part of the remodeling project. One shower room was completed this year and CNAs had input on the structural design, accessibility, tubs, floor surfaces, window treatments, and linen storage. This remodeling expense was funded by the facility and will continue until all shower rooms are complete. The CNAs will have input throughout the entire project and found the experience rewarding and empowering. Residents were pleased with the new space and look forward to the project completion.

Peer Mentor Program - A new peer mentoring program was implemented for training new direct care staff and coaching direct care staff experiencing performance issues. Peer mentors were selected and trained and provided mentoring to new CNA staff. The training curriculum includes modules such as introduction to peer mentoring, developing self awareness, giving constructive feedback, problem solving, and coaching for improved performance. The majority of new CNAs trained by mentors have remained in the past two years. The two seasoned employees who are Lead CNAs will continue in their roles as will the peer mentoring program, demonstrating an example of sustainability for this initiative.

The facility plans to continue to select and train more peer mentors in 2012. A full time RN staff educator was hired as it was determined that there was a need for continuous clinical staff education. Future plans are to offer advanced CNA training and certification as part of the program.

Culture Change by Promoting Staff Unity – Administrative staff involved nursing supervisors and charge nurses in monthly team meetings and training sessions on topics such as coaching, counseling skills, team building, self awareness, communication skills, and conflict resolution. These exercises were beneficial to CNA staff by educating the nursing staff who in turn interacts daily with the CNAs. The goal was to promote staff unity and a more nurturing work environment for all staff and residents. The management staff plans to continue education opportunities for all nursing and CNA staff to encourage continued individual and team growth and understanding.

CNA Screening and Interviewing – Administrative staff recognized opportunities for improvement within the CNA hiring process including CNA screening, interviewing, and hiring techniques. As a result, the facility implemented a new panel interview process, and included the purchase of an on-line CNA behavioral based screening tool. This tool assisted in improved pre-screening and helped the facility to select and hire dependable CNAs. This has proven to be successful as the number of “no call, no show” statistics dramatically improved based on the facility CNA retention tracking reports.

Establish and Maintain an Awards and Recognition Program – Although the facility has always had a history of maintaining some type of recognition program, the “Do Right” program was developed as a means of allowing residents and their families the opportunity to recognize CNA staff for their efforts. The program was initiated with a party and prizes for CNA staff. The program gave the residents and their families a sense of empowerment and verbal input and praise for those CNAs who put forth a genuine effort on a daily basis. Those chosen individuals were recognized by a posting on a visible community bulletin board within the facility, and a gift of appreciation.

FRANCIS MARION MANOR IN MARION

Francis Marion Manor (FMM) in Marion is a for-profit facility with 109 beds and 67% of residents are Medicaid individuals. The facility employs 42 CNAs out of 70 direct care staff and at the time of their initial proposal had a CNA turnover rate of 65% with the goal to reduce it to 55%. By the end of the first year of the pilot, the facility had reduced the turnover rate to 44%, already achieving its initial goal. By the end of the second year of the pilot, FMM continued and far exceeded its initial goal and reduced turnover to 42%.

PROGRAM STRATEGIES:

BEST CNA Advancement - BEST stands for “Best Excellence Shining Through”. BEST is a multi-level incentive based program that rewards CNAs for professionalism and excellence in patient care. Staff actively participated in the program during both years of *Virginia Gold*.

“Go for the Gold” – A multi-faceted quality improvement project designed to explore and implement strategies for a more supportive workplace and to reduce CNA turnover. An interdisciplinary team comprised of three (3) sub-committees was formed to focus on Orientation, Communication and Recognition which were identified as areas of focus. These areas are identified in more detail as follows.

Enhance Orientation and Training – A CNA Training Manual was developed and the orientation process has been standardized. A satisfaction survey was conducted which demonstrated improvement over the past two years.

CNA preceptors (peer mentors) were recruited and trained. They receive additional compensation for time and effort spent training and supporting new CNAs. Three CNA coaches were recruited and trained to take the lead in teaching skills, time management, and gathering data for the “consistent assignment” project.

The FMM administrator received a Provisional Certified Trainer endorsement which qualifies her to train the entire facility staff on the ten modules of the *Crucial Conversations*® program. The training enables attendees to resolve employee disagreements, improve communication, to build acceptance rather than resistance, and foster teamwork. The administrator has trained all of the CNA and nursing staff on most of the ten modules. All remaining facility staff (including maintenance/housekeeping and kitchen staff) will be trained, all of whom interact daily with staff, residents, and resident's families. This communications program has proven beneficial to staff and residents by promoting best ideas, encouraging better decisions, saving time and eliminating tension between staff. The administrator's plan is to continue the training and offer refresher courses, thereby demonstrating a sustainable training tool for the future.

Communication – During the first year of the pilot program, “walking rounds” were introduced for CNA to CNA reporting of necessary resident information to the next shift. Prior to this implementation, only the LPN staff received this communication. This successful process continued into the second year.

In 2011, the facility *Virginia Gold* funds were used to purchase a walkie-talkie system. This system is used by CNAs to communicate with each other more efficiently and to respond more promptly to residents call bells. This project was a success and was expanded to include other team members. Residents surveyed indicated the response time to their inquiries was much improved. Staff enjoyed content residents and the ability to communicate more easily with each other. The walkie-talkie system was instrumental in the decision to include FMM accomplishments in a new call system throughout the entire corporation.

CNA Recognition and Awards –Throughout the year initiatives such as “Star Cards” (peer to peer recognition) and “Team Member of the Month” were offered to CNA staff. Another reward process, called “Spot Awards”, acknowledges CNA staff that “go above and beyond” expectations. The “Spot Awards” were presented twice monthly throughout the past year for 24 total CNA staff. In May 2011, a staff picnic and a CNA recognition luncheon were held. An attendance incentive recognition event was celebrated in June 2011. A cookout was held in August 2011 to celebrate the advances and successes made with the *Virginia Gold* program, many of which are sustainable.

Team Work Project – As a result of a tornado that hit Southwest Virginia in April 2011, two CNAs took the lead in rallying the team of facility employees to raise almost \$2,000. in cash, other donations, and needed items for victims of the tornado. The project, called “Operation -- No Place Like Home”, was a shining example of how employees were united to help their fellow citizens in need.

TRINITY MISSION HEALTH AND REHABILITATION CENTER

Trinity Mission Health and Rehabilitation Center in Charlottesville is a for-profit facility with 180 beds and 70% of the residents are Medicaid individuals. At the time of the initial proposal, the facility had 99 CNAs out of 219 staff with a CNA turnover rate of 54%. The facility's goal was to reduce its CNA turnover to 40%. By the end of the first year of the pilot, Trinity Mission

had reduced the turnover rate to 49%. By the end of the second year of the pilot, the facility far exceeded its initial goal and reduced turnover to 33%.

PROGRAM STRATEGIES:

CNA Staff Retention Team – At the beginning of the project, a CNA survey was administered to obtain the perspective of CNAs in staff retention and job satisfaction. The results of the survey were used to establish program priorities. A CNA staff retention team was developed to initiate improvement in training, interviewing, and recognition programs that were identified as priorities through the survey results. An example of action taken based on staff feedback includes the CNA staff requesting more vital sign equipment and hoist lifts in order to do their jobs more efficiently; the facility responded by purchasing the needed equipment (not with *Virginia Gold* funds).

Interview Roundtable – During the first year of the grant, a CNA Retention Team was developed to initiate improvement in screening, training, interviewing, and other identified priorities. The CNA Retention Team has continued active involvement in hiring dependable CNA staff by conducting the initial interview as a panel with 3 to 4 CNAs participating. Other strategies implemented and continued each quarter include the use of a staff suggestion box, prompt action taken on staff suggestions received, and exit interviews being conducted with departing staff to explore reasons for leaving and to discuss available options to increase staff satisfaction.

Enhanced CNA Staff Training – CNA staff were provided with enhanced skills training opportunities throughout the year. CNA staff participated in in-service training sessions on various areas of resident care, including ADL care, pain control, skin care, and prevention of pressure ulcers. More advanced training included conflict resolution, body mechanics, stress management, and communication skills. In February 2011, 63 facility CNAs attended an annual local educational conference where four facility CNA peer mentors presented during the conference.

Supportive Resources - The facility offered CNAs the opportunity for tax preparation at no charge in January 2011 and in-services from community banking officers on topics of personal finances, opening a checking account, and how to improve credit. A list of day care providers with reasonable rates were provided to CNAs as well as a vendor who provides medical uniforms and shoes at a reasonable rate who came to the facility for staff convenience. Also provided to CNA staff was a list of community physicians or clinics who offer discounted rates to those with no or limited health insurance. The facility initiated an improved health care package which currently includes short term and long term disability coverage for staff.

CNA Participation in Team Care Plan Meetings - Team care plan meetings are held to discuss the current status of the resident and include all of the interdisciplinary staff such as nursing, therapy, dietary, social work, activity, residents and family members. Facility administration has worked aggressively to involve CNA staff in team care plan meetings. To date, the majority of the CNAs have participated in resident care planning meetings, including newly hired CNAs. All CNAs receive training before attending the care plan meetings. The families in attendance appreciate the valuable input the CNAs provide regarding the residents' daily care.

Administrative and nursing staff continues to develop strategies to involve input from weekend and night shift CNA staff in the team meetings that typically occur during the week day shift hours.

Peer Mentoring Program – The facility provided an enhanced staff orientation and implemented a CNA Peer Mentoring Program and a CNA Career Ladder opportunity. The selection criteria for the total of 12 CNA peer mentors chosen was based on CNA attendance, job performance, and leadership abilities. Each CNA mentor received a new job description and attended specialized training on peer mentoring, communication skills, mediation, and conflict resolution. In addition, all peer mentors completed the CNA Career Ladder program.

Awards and Recognition – A number of programs have been established to recognize the contributions of CNA staff. The “CNA of the Month” award is an incentive based on peer recognition; “Caught in the Act” gives an opportunity for supervisory staff to recognize CNA staff when they have gone above and beyond requirements. There is also a “Best New CNA” award that recognizes new CNA staff after the first 90 days of employment. CNA Week is an opportunity for recognition and a celebration of staff efforts and loyalty. Staff has indicated that they take a great deal of pride in their work and are appreciative of the recognition.

Consistent Assignment – In June 2010, implementation of the consistent assignment model of care was initiated on the 1st floor unit (60 residents). Consistent assignment involves CNA staff consistently assigned to the same residents on each unit per shift, so as to provide continuity of care. The goal is to improve and build on relationships between caregivers, residents, and families. In 2011, the plan was to expand consistent assignment to the remainder of the facility (120 remaining residents). This goal was met during the second year of the *Virginia Gold* grant. This model of care continues to be a successful enhancement to the daily resident care routine in the facility and another example of future sustainability.

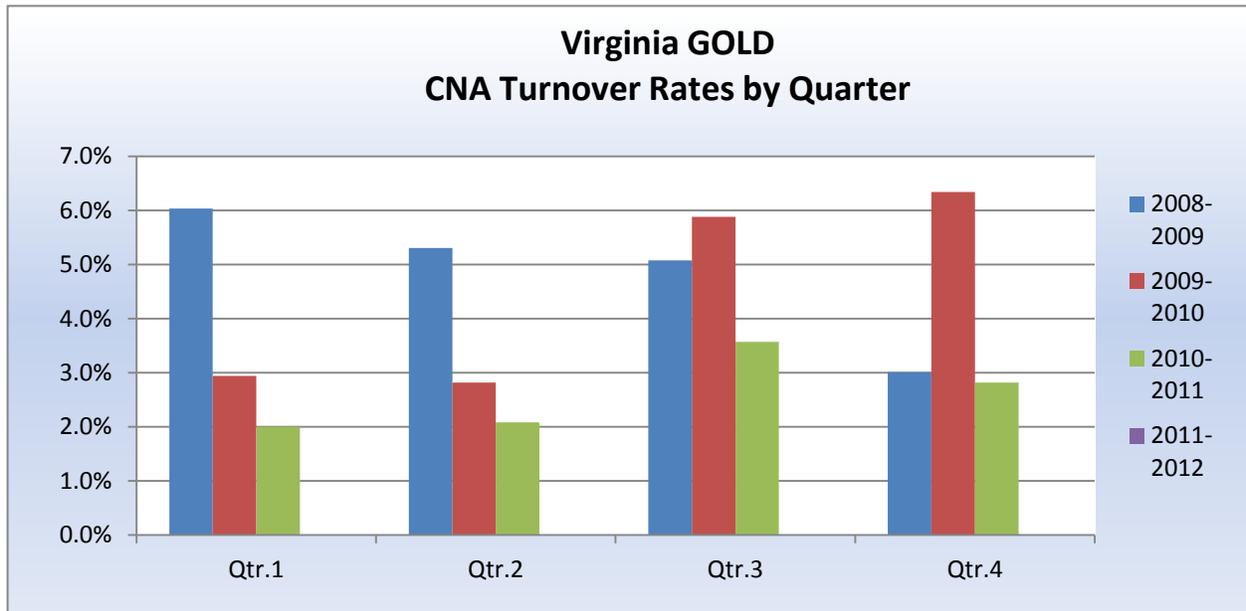
SUMMARY

The final *Virginia Gold* report demonstrates the grantees' objectives, strategies and initiatives implemented during the two year grant period, and the sustainability of ongoing projects well beyond *Virginia Gold*.

Overall, most of the grantees met their initial goal set in their proposal for the rate of CNA turnover. The grantees expressed confidence that the activities and training offered during the program were well received by staff, proved to be beneficial to staff morale and staff confidence, enhanced the work environment for staff, improved the living environment for residents, and created sustainability for the projects that were worthwhile with positive results.

The *Virginia Gold* grantees are looking forward to continuing their quality initiatives implemented over the grant period. Peer mentoring, staff reward and recognition programs, staff training and development, better communication tools and training, and consistent assignment are many of the programs they plan to continue. The *Virginia Gold* initiatives were achieved in helping grantees with the overall goal of reducing CNA turnover and retaining qualified and dedicated staff to serve the residents who rely upon them for quality care on a daily basis.

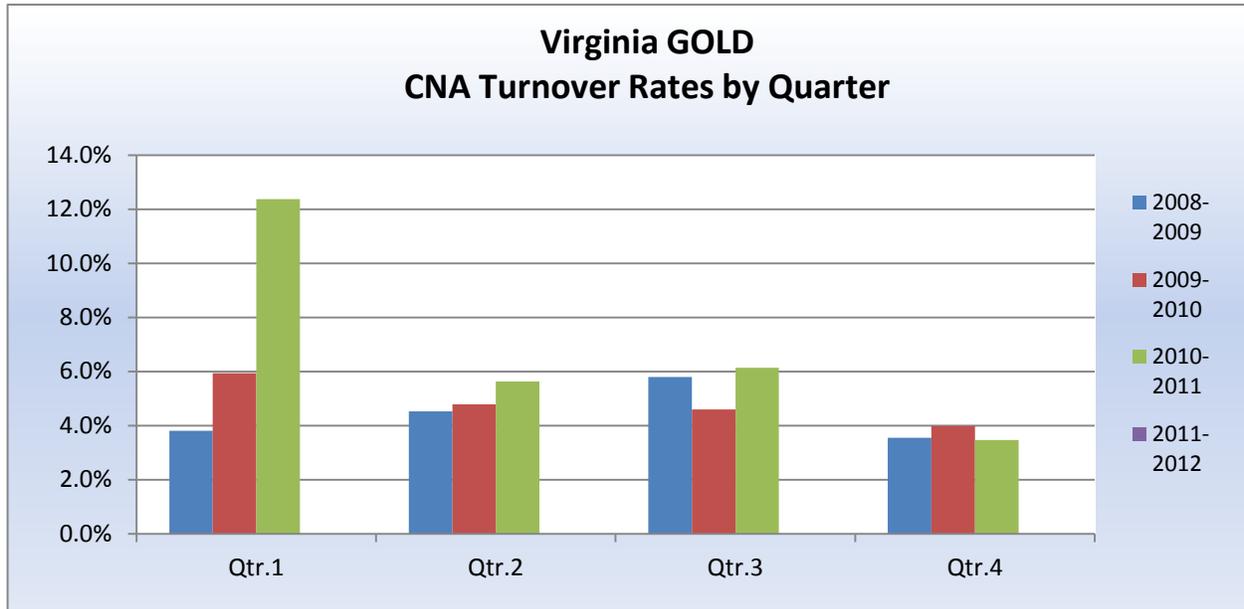
Autumn Care of Portsmouth



Autumn Care of Portsmouth

Autumn Care of Portsmouth			
Program Year (Sept – Aug)	Average # CNAs Employed	Total C.N.A. Terminations	Annual C.N.A Turnover rate
2008-2009	43	25	58%
2009-2010	46	25	54%
2010-2011	48	15	31%

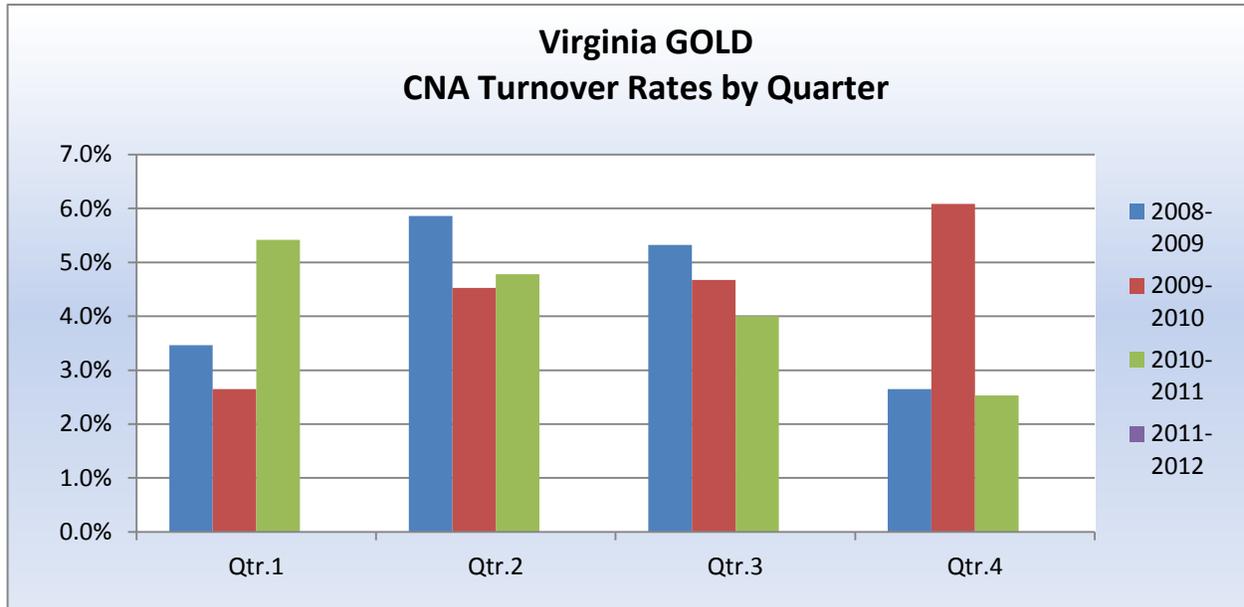
Birmingham Green/NVHCC – Manassas



Birmingham Green/NVHCC

Birmingham Green			
Program Year (Sept – Aug)	Average # CNAs Employed	Total C.N.A. Terminations	Annual C.N.A Turnover rate
2008-2009	72	38	53%
2009-2010	67	39	58%
2010-2011	73	59	81%

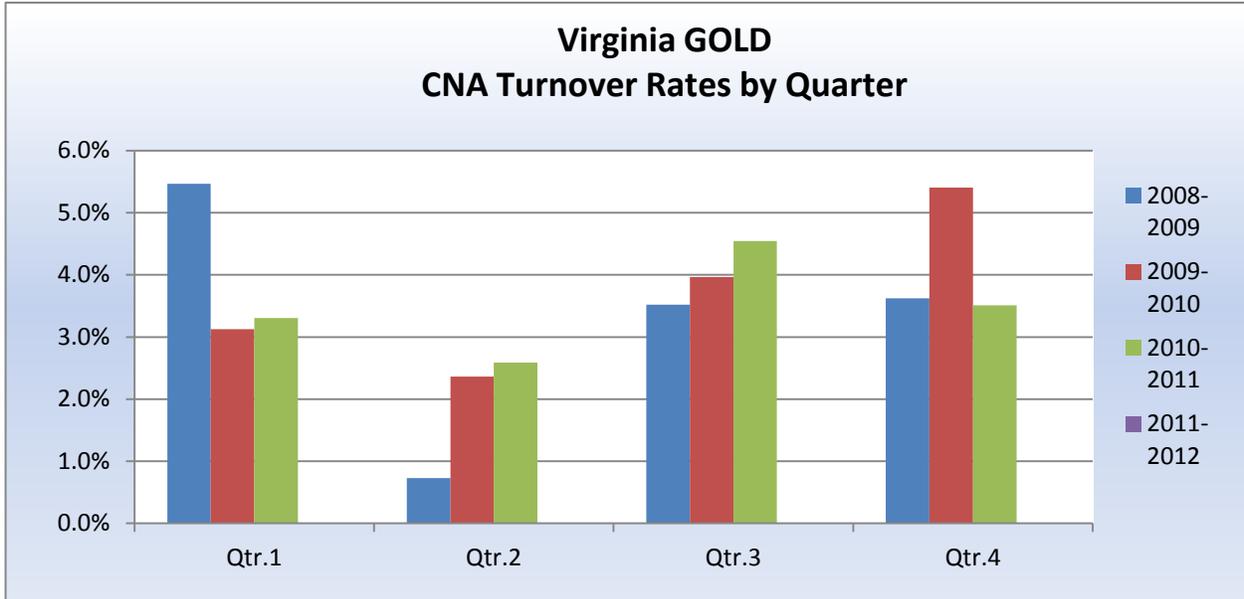
Dogwood Village of Orange County



Dogwood Village of Orange County

Dogwood Village of Orange County			
Program Year (Sept – Aug)	Average # CNAs Employed	Total C.N.A. Terminations	Annual C.N.A Turnover rate
2008-2009	87	45	52%
2009-2010	89	48	54%
2010-2011	99	49	50%

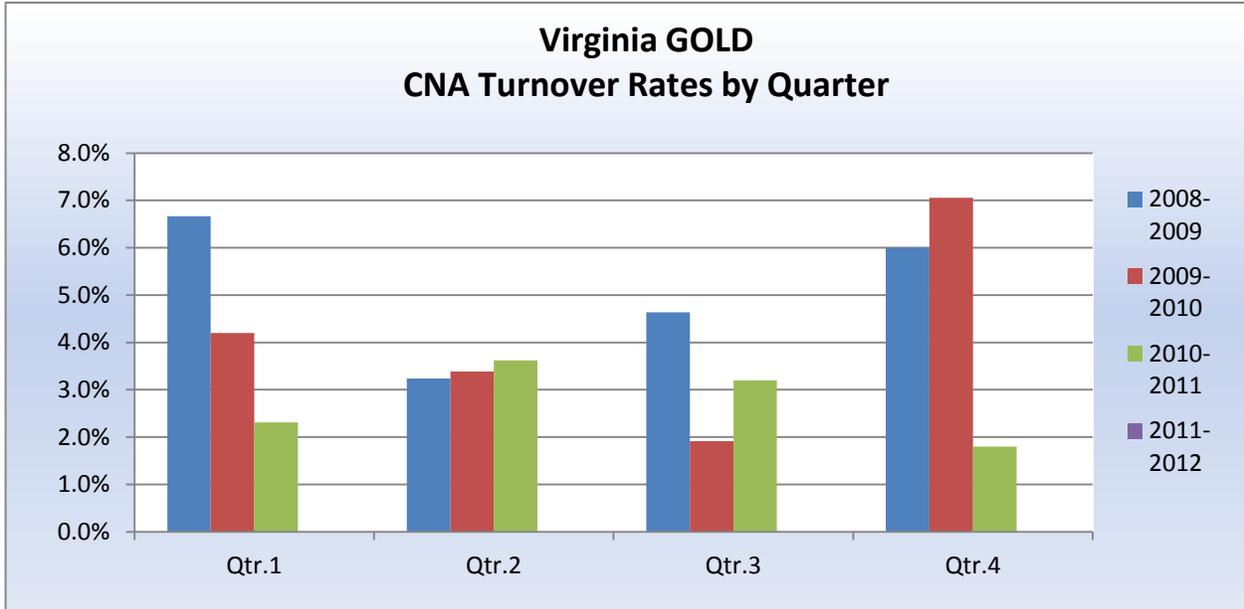
Francis Marion Manor of Marion



Francis Marion Manor

Francis Marion Manor			
Program Year (Sept – Aug)	Average # CNAs Employed	Total C.N.A. Terminations	Annual C.N.A Turnover rate
2008-2009	45	18	40%
2009-2010	41	18	44%
2010-2011	38	16	42%

Trinity Mission of Charlottesville



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Program Year (Sept – Aug)	Average # CNAs Employed	Total C.N.A. Terminations	Annual C.N.A Turnover rate
2008-2009	83	51	61%
2009-2010	87	43	49%
2010-2011	89	29	33%